

Georgia Department of Community Health

	Facility Name	Augusta University Medical Center
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	125,005,542
11	payments for services	32,706,962
12	annual covered charges	125,005,542
13	annual payments for services	32,706,962
14		
15	total hospital CCR	25.11%
16		
17	annual cost of services	31,391,727
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	130,757,672
23	adjusted Medicaid payments for services	34,211,973
24	supplemental rate adjustment payments	7,708,001
25	total adjusted Medicaid payments	41,919,974
26	adjusted cost of services	32,836,217
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.78947
32	maximum annual payments (at DRG differential)	61,221,299
33		
34	maximum annual payments	61,221,299
35	facility specific UPL amount	19,301,325
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(508,979)
39	allocation of supplemental payments	(0)
40	total aggregate limit adjustments	(508,979)
41		
42	UPL amount after aggregate limit adjustments	18,792,346

Georgia Department of Community Health

	Facility Name	Roosevelt Warm Sprngs Rehab & Specialty Hospitals, Inc.
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	5,673,657
11	payments for services	3,086,814
12	annual covered charges	5,673,657
13	annual payments for services	3,086,814
14		
15	total hospital CCR	45.83%
16		
17	annual cost of services	2,600,226
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	5,934,730
23	adjusted Medicaid payments for services	3,228,854
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,228,854
26	adjusted cost of services	2,719,875
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	2,719,875
35	facility specific UPL amount	(508,979)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	508,979
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	508,979
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health

	Facility Name	Appling Hospital
2	base period report period beginning date	9/1/2015
3	base period report period ending date	8/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,226,045
11	payments for services	1,019,589
12	annual covered charges	2,226,045
13	annual payments for services	1,019,589
14		
15	total hospital CCR	57.50%
16		
17	annual cost of services	1,279,931
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	2,328,476
23	adjusted Medicaid payments for services	1,066,505
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,066,505
26	adjusted cost of services	1,338,827
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	1,423,091
33		
34	maximum annual payments	1,423,091
35	facility specific UPL amount	356,586
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,050)
39	allocation of supplemental payments	(105,700)
40	total aggregate limit adjustments	(107,750)
41		
42	UPL amount after aggregate limit adjustments	248,836

Georgia Department of Community Health

	Facility Name	Piedmont Athens Regional Medical Ctr
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	70,172,965
11	payments for services	18,623,574
12	annual covered charges	70,172,965
13	annual payments for services	18,623,574
14		
15	total hospital CCR	23.50%
16		
17	annual cost of services	16,487,763
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	73,401,974
23	adjusted Medicaid payments for services	19,480,538
24	supplemental rate adjustment payments	599,680
25	total adjusted Medicaid payments	20,080,218
26	adjusted cost of services	17,246,447
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	25,993,856
33		
34	maximum annual payments	25,993,856
35	facility specific UPL amount	5,913,638
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(37,439)
39	allocation of supplemental payments	(1,331,013)
40	total aggregate limit adjustments	(1,368,452)
41		
42	UPL amount after aggregate limit adjustments	4,545,186

Georgia Department of Community Health

	Facility Name	Burke Medical Center
2	base period report period beginning date	6/1/2015
3	base period report period ending date	5/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	176,533
11	payments for services	114,506
12	annual covered charges	176,533
13	annual payments for services	114,506
14		
15	total hospital CCR	42.36%
16		
17	annual cost of services	74,788
18		
19	<u>adjustment factor</u>	
20	inflation	1.046677
21		
22	adjusted annual charges	184,773
23	adjusted Medicaid payments for services	119,851
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	119,851
26	adjusted cost of services	78,279
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	159,923
33		
34	maximum annual payments	159,923
35	facility specific UPL amount	40,072
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(230)
39	allocation of supplemental payments	(11,878)
40	total aggregate limit adjustments	(12,108)
41		
42	UPL amount after aggregate limit adjustments	27,964

Georgia Department of Community Health

	Facility Name	Children's Healthcare of Atlanta at Hughes Spalding
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	10,514,471
11	payments for services	2,660,076
12	annual covered charges	10,514,471
13	annual payments for services	2,660,076
14		
15	total hospital CCR	19.24%
16		
17	annual cost of services	2,023,421
18		
19	<u>adjustment factor</u>	
20	inflation	1.045024
21		
22	adjusted annual charges	10,987,875
23	adjusted Medicaid payments for services	2,779,843
24	supplemental rate adjustment payments	247,136
25	total adjusted Medicaid payments	3,026,979
26	adjusted cost of services	2,114,524
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	2,114,524
35	facility specific UPL amount	(912,455)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	665,319
39	allocation of supplemental payments	247,136
40	total aggregate limit adjustments	912,455
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health

	Facility Name	Coffee Regional Medical Center
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	10,071,857
11	payments for services	3,172,167
12	annual covered charges	10,071,857
13	annual payments for services	3,172,167
14		
15	total hospital CCR	22.31%
16		
17	annual cost of services	2,246,838
18		
19	<u>adjustment factor</u>	
20	inflation	1.045024
21		
22	adjusted annual charges	10,525,332
23	adjusted Medicaid payments for services	3,314,991
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,314,991
26	adjusted cost of services	2,348,000
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	4,423,358
33		
34	maximum annual payments	4,423,358
35	facility specific UPL amount	1,108,367
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(6,371)
39	allocation of supplemental payments	(328,545)
40	total aggregate limit adjustments	(334,916)
41		
42	UPL amount after aggregate limit adjustments	773,451

Georgia Department of Community Health

	Facility Name	Colquitt Regional Medical Center
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	11,572,652
11	payments for services	4,044,587
12	annual covered charges	11,572,652
13	annual payments for services	4,044,587
14		
15	total hospital CCR	27.07%
16		
17	annual cost of services	3,133,224
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	12,105,168
23	adjusted Medicaid payments for services	4,230,699
24	supplemental rate adjustment payments	125,257
25	total adjusted Medicaid payments	4,355,956
26	adjusted cost of services	3,277,399
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	5,645,233
33		
34	maximum annual payments	5,645,233
35	facility specific UPL amount	1,289,277
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(8,131)
39	allocation of supplemental payments	(294,042)
40	total aggregate limit adjustments	(302,173)
41		
42	UPL amount after aggregate limit adjustments	987,104

Georgia Department of Community Health

	Facility Name	Cook Medical Center - A Campus of Tift Reg Med Ctr
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	338,664
11	payments for services	141,860
12	annual covered charges	338,664
13	annual payments for services	141,860
14		
15	total hospital CCR	49.71%
16		
17	annual cost of services	168,334
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	354,248
23	adjusted Medicaid payments for services	148,388
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	148,388
26	adjusted cost of services	176,080
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	198,002
33		
34	maximum annual payments	198,002
35	facility specific UPL amount	49,614
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(285)
39	allocation of supplemental payments	(14,707)
40	total aggregate limit adjustments	(14,992)
41		
42	UPL amount after aggregate limit adjustments	34,622

Georgia Department of Community Health

	Facility Name	Crisp Regional Hospital, Inc.
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	6,394,974
11	payments for services	2,751,613
12	annual covered charges	6,394,974
13	annual payments for services	2,751,613
14		
15	total hospital CCR	34.64%
16		
17	annual cost of services	2,215,082
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	6,689,239
23	adjusted Medicaid payments for services	2,878,228
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,878,228
26	adjusted cost of services	2,317,009
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	3,840,564
33		
34	maximum annual payments	3,840,564
35	facility specific UPL amount	962,336
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(5,532)
39	allocation of supplemental payments	(285,258)
40	total aggregate limit adjustments	(290,790)
41		
42	UPL amount after aggregate limit adjustments	671,546

Georgia Department of Community Health

	Facility Name	DeKalb Medical at North Decatur
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	50,226,668
11	payments for services	17,777,138
12	annual covered charges	50,226,668
13	annual payments for services	17,777,138
14		
15	total hospital CCR	28.34%
16		
17	annual cost of services	14,234,556
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	52,537,848
23	adjusted Medicaid payments for services	18,595,153
24	supplemental rate adjustment payments	100,112
25	total adjusted Medicaid payments	18,695,265
26	adjusted cost of services	14,889,559
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	24,812,442
33		
34	maximum annual payments	24,812,442
35	facility specific UPL amount	6,117,177
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(35,737)
39	allocation of supplemental payments	(1,742,832)
40	total aggregate limit adjustments	(1,778,569)
41		
42	UPL amount after aggregate limit adjustments	4,338,608

Georgia Department of Community Health

	Facility Name	DeKalb Medical Center at Hillandale
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	11,322,089
11	payments for services	4,107,844
12	annual covered charges	11,322,089
13	annual payments for services	4,107,844
14		
15	total hospital CCR	23.17%
16		
17	annual cost of services	2,622,932
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	11,843,075
23	adjusted Medicaid payments for services	4,296,866
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,296,866
26	adjusted cost of services	2,743,626
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	5,733,523
33		
34	maximum annual payments	5,733,523
35	facility specific UPL amount	1,436,657
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(8,258)
39	allocation of supplemental payments	(425,857)
40	total aggregate limit adjustments	(434,115)
41		
42	UPL amount after aggregate limit adjustments	1,002,542

Georgia Department of Community Health

	Facility Name	Dodge County Hospital
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	3,501,972
11	payments for services	1,372,455
12	annual covered charges	3,501,972
13	annual payments for services	1,372,455
14		
15	total hospital CCR	28.11%
16		
17	annual cost of services	984,389
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	3,663,115
23	adjusted Medicaid payments for services	1,435,609
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,435,609
26	adjusted cost of services	1,029,686
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	1,915,605
33		
34	maximum annual payments	1,915,605
35	facility specific UPL amount	479,996
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,759)
39	allocation of supplemental payments	(142,282)
40	total aggregate limit adjustments	(145,041)
41		
42	UPL amount after aggregate limit adjustments	334,955

Georgia Department of Community Health

	Facility Name	Dorminy Medical Center
2	base period report period beginning date	8/1/2015
3	base period report period ending date	7/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,926,619
11	payments for services	791,719
12	annual covered charges	1,926,619
13	annual payments for services	791,719
14		
15	total hospital CCR	26.66%
16		
17	annual cost of services	513,566
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	2,015,272
23	adjusted Medicaid payments for services	828,150
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	828,150
26	adjusted cost of services	537,198
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	1,105,042
33		
34	maximum annual payments	1,105,042
35	facility specific UPL amount	276,892
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,592)
39	allocation of supplemental payments	(82,077)
40	total aggregate limit adjustments	(83,669)
41		
42	UPL amount after aggregate limit adjustments	193,223

Georgia Department of Community Health

	Facility Name	Elbert Memorial Hospital
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	410,058
11	payments for services	253,698
12	annual covered charges	410,058
13	annual payments for services	253,698
14		
15	total hospital CCR	36.49%
16		
17	annual cost of services	149,642
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	428,927
23	adjusted Medicaid payments for services	265,372
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	265,372
26	adjusted cost of services	156,528
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	354,099
33		
34	maximum annual payments	354,099
35	facility specific UPL amount	88,727
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(510)
39	allocation of supplemental payments	(26,301)
40	total aggregate limit adjustments	(26,811)
41		
42	UPL amount after aggregate limit adjustments	61,916

Georgia Department of Community Health

	Facility Name	Emanuel Medical Center
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,666,896
11	payments for services	864,109
12	annual covered charges	2,666,896
13	annual payments for services	864,109
14		
15	total hospital CCR	27.30%
16		
17	annual cost of services	728,188
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	2,789,613
23	adjusted Medicaid payments for services	903,871
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	903,871
26	adjusted cost of services	761,696
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	1,206,080
33		
34	maximum annual payments	1,206,080
35	facility specific UPL amount	302,209
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,737)
39	allocation of supplemental payments	(89,582)
40	total aggregate limit adjustments	(91,319)
41		
42	UPL amount after aggregate limit adjustments	210,890

Georgia Department of Community Health

	Facility Name	Evans Memorial Hospital
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	580,946
11	payments for services	253,144
12	annual covered charges	580,946
13	annual payments for services	253,144
14		
15	total hospital CCR	26.92%
16		
17	annual cost of services	156,390
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	607,678
23	adjusted Medicaid payments for services	264,792
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	264,792
26	adjusted cost of services	163,586
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	353,325
33		
34	maximum annual payments	353,325
35	facility specific UPL amount	88,533
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(509)
39	allocation of supplemental payments	(26,243)
40	total aggregate limit adjustments	(26,752)
41		
42	UPL amount after aggregate limit adjustments	61,781

Georgia Department of Community Health

	Facility Name	Floyd Medical Center
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	58,733,868
11	payments for services	14,925,895
12	annual covered charges	58,733,868
13	annual payments for services	14,925,895
14		
15	total hospital CCR	21.04%
16		
17	annual cost of services	12,359,397
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	61,436,507
23	adjusted Medicaid payments for services	15,612,710
24	supplemental rate adjustment payments	1,756,040
25	total adjusted Medicaid payments	17,368,750
26	adjusted cost of services	12,928,115
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	20,832,820
33		
34	maximum annual payments	20,832,820
35	facility specific UPL amount	3,464,070
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(30,006)
39	allocation of supplemental payments	208,683
40	total aggregate limit adjustments	178,677
41		
42	UPL amount after aggregate limit adjustments	3,642,747

Georgia Department of Community Health

	Facility Name	Grady General Hospital
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,701,295
11	payments for services	826,034
12	annual covered charges	1,701,295
13	annual payments for services	826,034
14		
15	total hospital CCR	29.99%
16		
17	annual cost of services	510,143
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	1,779,580
23	adjusted Medicaid payments for services	864,044
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	864,044
26	adjusted cost of services	533,617
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	1,152,937
33		
34	maximum annual payments	1,152,937
35	facility specific UPL amount	288,893
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,661)
39	allocation of supplemental payments	(85,634)
40	total aggregate limit adjustments	(87,295)
41		
42	UPL amount after aggregate limit adjustments	201,598

Georgia Department of Community Health

	Facility Name	Grady Health System/Grady Memorial Hospital
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	518,919,228
11	payments for services	109,654,719
12	annual covered charges	518,919,228
13	annual payments for services	109,654,719
14		
15	total hospital CCR	19.24%
16		
17	annual cost of services	99,861,611
18		
19	<u>adjustment factor</u>	
20	inflation	1.045024
21		
22	adjusted annual charges	542,283,047
23	adjusted Medicaid payments for services	114,591,813
24	supplemental rate adjustment payments	33,965,560
25	total adjusted Medicaid payments	148,557,373
26	adjusted cost of services	104,357,780
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	152,905,586
33		
34	maximum annual payments	152,905,586
35	facility specific UPL amount	4,348,213
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(220,230)
39	allocation of supplemental payments	22,608,500
40	total aggregate limit adjustments	22,388,270
41		
42	UPL amount after aggregate limit adjustments	26,736,483

Georgia Department of Community Health

	Facility Name	Gwinnett Medical Center
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	84,969,699
11	payments for services	24,606,915
12	annual covered charges	84,969,699
13	annual payments for services	24,606,915
14		
15	total hospital CCR	24.62%
16		
17	annual cost of services	20,917,083
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	88,879,580
23	adjusted Medicaid payments for services	25,739,202
24	supplemental rate adjustment payments	946,159
25	total adjusted Medicaid payments	26,685,361
26	adjusted cost of services	21,879,583
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	34,345,104
33		
34	maximum annual payments	34,345,104
35	facility specific UPL amount	7,659,743
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(49,467)
39	allocation of supplemental payments	(1,604,823)
40	total aggregate limit adjustments	(1,654,290)
41		
42	UPL amount after aggregate limit adjustments	6,005,453

Georgia Department of Community Health

	Facility Name	Gwinnett Medical Center - Duluth
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	15,571,005
11	payments for services	4,358,569
12	annual covered charges	15,571,005
13	annual payments for services	4,358,569
14		
15	total hospital CCR	24.62%
16		
17	annual cost of services	3,833,131
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	16,287,505
23	adjusted Medicaid payments for services	4,559,129
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,559,129
26	adjusted cost of services	4,009,513
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	6,083,474
33		
34	maximum annual payments	6,083,474
35	facility specific UPL amount	1,524,345
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(8,762)
39	allocation of supplemental payments	(451,850)
40	total aggregate limit adjustments	(460,612)
41		
42	UPL amount after aggregate limit adjustments	1,063,733

Georgia Department of Community Health

	Facility Name	Habersham County Medical Center
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	3,307,498
11	payments for services	1,550,824
12	annual covered charges	3,307,498
13	annual payments for services	1,550,824
14		
15	total hospital CCR	46.32%
16		
17	annual cost of services	1,531,982
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	3,459,693
23	adjusted Medicaid payments for services	1,622,185
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,622,185
26	adjusted cost of services	1,602,476
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	2,164,563
33		
34	maximum annual payments	2,164,563
35	facility specific UPL amount	542,378
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,118)
39	allocation of supplemental payments	(160,773)
40	total aggregate limit adjustments	(163,891)
41		
42	UPL amount after aggregate limit adjustments	378,487

Georgia Department of Community Health

	Facility Name	Houston Medical Center
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	24,328,281
11	payments for services	9,982,121
12	annual covered charges	24,328,281
13	annual payments for services	9,982,121
14		
15	total hospital CCR	30.58%
16		
17	annual cost of services	7,439,371
18		
19	<u>adjustment factor</u>	
20	inflation	1.045024
21		
22	adjusted annual charges	25,423,638
23	adjusted Medicaid payments for services	10,431,556
24	supplemental rate adjustment payments	614,933
25	total adjusted Medicaid payments	11,046,489
26	adjusted cost of services	7,774,321
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	13,919,347
33		
34	maximum annual payments	13,919,347
35	facility specific UPL amount	2,872,858
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(20,048)
39	allocation of supplemental payments	(418,926)
40	total aggregate limit adjustments	(438,974)
41		
42	UPL amount after aggregate limit adjustments	2,433,884

Georgia Department of Community Health

	Facility Name	Irwin County Hospital
2	base period report period beginning date	12/1/2015
3	base period report period ending date	11/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,621,811
11	payments for services	757,100
12	annual covered charges	1,621,811
13	annual payments for services	757,100
14		
15	total hospital CCR	33.26%
16		
17	annual cost of services	539,489
18		
19	<u>adjustment factor</u>	
20	inflation	1.045354
21		
22	adjusted annual charges	1,695,367
23	adjusted Medicaid payments for services	791,438
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	791,438
26	adjusted cost of services	563,957
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	1,056,055
33		
34	maximum annual payments	1,056,055
35	facility specific UPL amount	264,617
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,521)
39	allocation of supplemental payments	(78,438)
40	total aggregate limit adjustments	(79,959)
41		
42	UPL amount after aggregate limit adjustments	184,658

Georgia Department of Community Health

	Facility Name	Jefferson Hospital
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	94,789
11	payments for services	106,806
12	annual covered charges	94,789
13	annual payments for services	106,806
14		
15	total hospital CCR	70.18%
16		
17	annual cost of services	66,519
18		
19	<u>adjustment factor</u>	
20	inflation	1.045024
21		
22	adjusted annual charges	99,057
23	adjusted Medicaid payments for services	111,615
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	111,615
26	adjusted cost of services	69,514
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	148,933
33		
34	maximum annual payments	148,933
35	facility specific UPL amount	37,318
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(215)
39	allocation of supplemental payments	(11,062)
40	total aggregate limit adjustments	(11,277)
41		
42	UPL amount after aggregate limit adjustments	26,041

Georgia Department of Community Health

	Facility Name	Meadows Regional Medical Center
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	13,623,380
11	payments for services	4,260,060
12	annual covered charges	13,623,380
13	annual payments for services	4,260,060
14		
15	total hospital CCR	20.66%
16		
17	annual cost of services	2,814,950
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	14,250,260
23	adjusted Medicaid payments for services	4,456,087
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,456,087
26	adjusted cost of services	2,944,480
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	5,945,980
33		
34	maximum annual payments	5,945,980
35	facility specific UPL amount	1,489,893
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(8,564)
39	allocation of supplemental payments	(441,638)
40	total aggregate limit adjustments	(450,202)
41		
42	UPL amount after aggregate limit adjustments	1,039,691

Georgia Department of Community Health

	Facility Name	Medical Center, Navicent Health
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	149,073,967
11	payments for services	37,104,114
12	annual covered charges	149,073,967
13	annual payments for services	37,104,114
14		
15	total hospital CCR	22.77%
16		
17	annual cost of services	33,945,071
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	155,933,606
23	adjusted Medicaid payments for services	38,811,460
24	supplemental rate adjustment payments	6,877,227
25	total adjusted Medicaid payments	45,688,687
26	adjusted cost of services	35,507,053
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	51,788,072
33		
34	maximum annual payments	51,788,072
35	facility specific UPL amount	6,099,385
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(74,590)
39	allocation of supplemental payments	3,030,669
40	total aggregate limit adjustments	2,956,079
41		
42	UPL amount after aggregate limit adjustments	9,055,464

Georgia Department of Community Health

	Facility Name	Memorial Hospital And Manor
2	base period report period beginning date	4/1/2015
3	base period report period ending date	3/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,422,537
11	payments for services	1,217,341
12	annual covered charges	2,422,537
13	annual payments for services	1,217,341
14		
15	total hospital CCR	41.88%
16		
17	annual cost of services	1,014,541
18		
19	<u>adjustment factor</u>	
20	inflation	1.048004
21		
22	adjusted annual charges	2,538,828
23	adjusted Medicaid payments for services	1,275,778
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,275,778
26	adjusted cost of services	1,063,243
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	1,702,334
33		
34	maximum annual payments	1,702,334
35	facility specific UPL amount	426,556
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,452)
39	allocation of supplemental payments	(126,441)
40	total aggregate limit adjustments	(128,893)
41		
42	UPL amount after aggregate limit adjustments	297,663

Georgia Department of Community Health

	Facility Name	Midtown Medical Center
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	52,242,696
11	payments for services	17,312,331
12	annual covered charges	52,242,696
13	annual payments for services	17,312,331
14		
15	total hospital CCR	26.26%
16		
17	annual cost of services	13,718,469
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	54,646,644
23	adjusted Medicaid payments for services	18,108,958
24	supplemental rate adjustment payments	4,198,912
25	total adjusted Medicaid payments	22,307,870
26	adjusted cost of services	14,349,724
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	24,163,688
33		
34	maximum annual payments	24,163,688
35	facility specific UPL amount	1,855,818
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(34,803)
39	allocation of supplemental payments	2,404,155
40	total aggregate limit adjustments	2,369,352
41		
42	UPL amount after aggregate limit adjustments	4,225,170

Georgia Department of Community Health

	Facility Name	Murray Medical Center
2	base period report period beginning date	10/1/2015
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	0.8
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	854,716
11	payments for services	268,185
12	annual covered charges	683,773
13	annual payments for services	214,548
14		
15	total hospital CCR	15.83%
16		
17	annual cost of services	108,217
18		
19	<u>adjustment factor</u>	
20	inflation	1.045024
21		
22	adjusted annual charges	714,559
23	adjusted Medicaid payments for services	224,208
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	224,208
26	adjusted cost of services	113,089
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	299,172
33		
34	maximum annual payments	299,172
35	facility specific UPL amount	74,964
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(431)
39	allocation of supplemental payments	(22,221)
40	total aggregate limit adjustments	(22,652)
41		
42	UPL amount after aggregate limit adjustments	52,312

Georgia Department of Community Health

	Facility Name	Northeast Georgia Medical Center Gainesville
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	128,057,421
11	payments for services	29,766,850
12	annual covered charges	128,057,421
13	annual payments for services	29,766,850
14		
15	total hospital CCR	22.62%
16		
17	annual cost of services	28,964,301
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	133,949,983
23	adjusted Medicaid payments for services	31,136,572
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	31,136,572
26	adjusted cost of services	30,297,093
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	41,547,085
33		
34	maximum annual payments	41,547,085
35	facility specific UPL amount	10,410,513
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(59,840)
39	allocation of supplemental payments	(3,085,909)
40	total aggregate limit adjustments	(3,145,749)
41		
42	UPL amount after aggregate limit adjustments	7,264,764

Georgia Department of Community Health

	Facility Name	Northside Hospital
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	119,083,408
11	payments for services	27,123,972
12	annual covered charges	119,083,408
13	annual payments for services	27,123,972
14		
15	total hospital CCR	20.24%
16		
17	annual cost of services	24,106,592
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	124,563,031
23	adjusted Medicaid payments for services	28,372,082
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	28,372,082
26	adjusted cost of services	25,215,857
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	37,858,288
33		
34	maximum annual payments	37,858,288
35	facility specific UPL amount	9,486,206
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(54,527)
39	allocation of supplemental payments	(2,811,924)
40	total aggregate limit adjustments	(2,866,451)
41		
42	UPL amount after aggregate limit adjustments	6,619,755

Georgia Department of Community Health

	Facility Name	Northside Hospital - Cherokee
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	21,330,331
11	payments for services	4,266,921
12	annual covered charges	21,330,331
13	annual payments for services	4,266,921
14		
15	total hospital CCR	19.64%
16		
17	annual cost of services	4,188,998
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	22,311,846
23	adjusted Medicaid payments for services	4,463,263
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,463,263
26	adjusted cost of services	4,381,755
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	5,955,555
33		
34	maximum annual payments	5,955,555
35	facility specific UPL amount	1,492,292
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(8,578)
39	allocation of supplemental payments	(442,349)
40	total aggregate limit adjustments	(450,927)
41		
42	UPL amount after aggregate limit adjustments	1,041,365

Georgia Department of Community Health

	Facility Name	Northside Hospital - Forsyth
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	44,041,758
11	payments for services	8,926,843
12	annual covered charges	44,041,758
13	annual payments for services	8,926,843
14		
15	total hospital CCR	20.98%
16		
17	annual cost of services	9,239,215
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	46,068,339
23	adjusted Medicaid payments for services	9,337,612
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	9,337,612
26	adjusted cost of services	9,664,357
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	12,459,643
33		
34	maximum annual payments	12,459,643
35	facility specific UPL amount	3,122,031
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(17,946)
39	allocation of supplemental payments	(925,440)
40	total aggregate limit adjustments	(943,386)
41		
42	UPL amount after aggregate limit adjustments	2,178,645

Georgia Department of Community Health

	Facility Name	Northside Medical Center
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	913,148
11	payments for services	244,082
12	annual covered charges	913,148
13	annual payments for services	244,082
14		
15	total hospital CCR	29.41%
16		
17	annual cost of services	268,528
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	955,167
23	adjusted Medicaid payments for services	255,313
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	255,313
26	adjusted cost of services	280,884
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	280,884
35	facility specific UPL amount	25,571
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(147)
39	allocation of supplemental payments	(7,580)
40	total aggregate limit adjustments	(7,727)
41		
42	UPL amount after aggregate limit adjustments	17,844

Georgia Department of Community Health

	Facility Name	Perry Hospital
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	945,368
11	payments for services	402,492
12	annual covered charges	945,368
13	annual payments for services	402,492
14		
15	total hospital CCR	27.52%
16		
17	annual cost of services	260,207
18		
19	<u>adjustment factor</u>	
20	inflation	1.045024
21		
22	adjusted annual charges	987,932
23	adjusted Medicaid payments for services	420,614
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	420,614
26	adjusted cost of services	271,923
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	561,246
33		
34	maximum annual payments	561,246
35	facility specific UPL amount	140,632
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(808)
39	allocation of supplemental payments	(41,687)
40	total aggregate limit adjustments	(42,495)
41		
42	UPL amount after aggregate limit adjustments	98,137

Georgia Department of Community Health

	Facility Name	Phoebe Putney Memorial Hospital
2	base period report period beginning date	8/1/2015
3	base period report period ending date	7/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	74,746,298
11	payments for services	24,729,845
12	annual covered charges	74,746,298
13	annual payments for services	24,729,845
14		
15	total hospital CCR	28.78%
16		
17	annual cost of services	21,515,383
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	78,185,749
23	adjusted Medicaid payments for services	25,867,789
24	supplemental rate adjustment payments	2,742,718
25	total adjusted Medicaid payments	28,610,507
26	adjusted cost of services	22,505,413
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	34,516,684
33		
34	maximum annual payments	34,516,684
35	facility specific UPL amount	5,906,177
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(49,714)
39	allocation of supplemental payments	178,992
40	total aggregate limit adjustments	129,278
41		
42	UPL amount after aggregate limit adjustments	6,035,455

Georgia Department of Community Health

	Facility Name	Phoebe Sumter Medical Center
2	base period report period beginning date	8/1/2015
3	base period report period ending date	7/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	8,793,701
11	payments for services	2,704,266
12	annual covered charges	8,793,701
13	annual payments for services	2,704,266
14		
15	total hospital CCR	28.12%
16		
17	annual cost of services	2,472,948
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	9,198,343
23	adjusted Medicaid payments for services	2,828,703
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,828,703
26	adjusted cost of services	2,586,741
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	3,774,480
33		
34	maximum annual payments	3,774,480
35	facility specific UPL amount	945,777
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(5,436)
39	allocation of supplemental payments	(280,350)
40	total aggregate limit adjustments	(285,786)
41		
42	UPL amount after aggregate limit adjustments	659,991

Georgia Department of Community Health

	Facility Name	Piedmont Henry Hospital
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	30,947,537
11	payments for services	7,349,336
12	annual covered charges	30,947,537
13	annual payments for services	7,349,336
14		
15	total hospital CCR	18.66%
16		
17	annual cost of services	5,774,754
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	32,371,588
23	adjusted Medicaid payments for services	7,687,516
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	7,687,516
26	adjusted cost of services	6,040,479
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	10,257,837
33		
34	maximum annual payments	10,257,837
35	facility specific UPL amount	2,570,321
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(14,774)
39	allocation of supplemental payments	(761,901)
40	total aggregate limit adjustments	(776,675)
41		
42	UPL amount after aggregate limit adjustments	1,793,646

Georgia Department of Community Health

	Facility Name	Piedmont Newton Medical Center
2	base period report period beginning date	1/1/2016
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	2.01
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	3,927,191
11	payments for services	1,375,986
12	annual covered charges	7,893,654
13	annual payments for services	2,765,732
14		
15	total hospital CCR	27.18%
16		
17	annual cost of services	2,145,153
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	8,256,880
23	adjusted Medicaid payments for services	2,892,997
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,892,997
26	adjusted cost of services	2,243,862
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	3,860,271
33		
34	maximum annual payments	3,860,271
35	facility specific UPL amount	967,274
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(5,560)
39	allocation of supplemental payments	(286,722)
40	total aggregate limit adjustments	(292,282)
41		
42	UPL amount after aggregate limit adjustments	674,992

Georgia Department of Community Health

	Facility Name	South Ga Medical Center
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	32,054,675
11	payments for services	9,814,166
12	annual covered charges	32,054,675
13	annual payments for services	9,814,166
14		
15	total hospital CCR	28.66%
16		
17	annual cost of services	9,187,137
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	33,529,671
23	adjusted Medicaid payments for services	10,265,765
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	10,265,765
26	adjusted cost of services	9,609,883
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	13,698,124
33		
34	maximum annual payments	13,698,124
35	facility specific UPL amount	3,432,359
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(19,729)
39	allocation of supplemental payments	(1,017,428)
40	total aggregate limit adjustments	(1,037,157)
41		
42	UPL amount after aggregate limit adjustments	2,395,202

Georgia Department of Community Health

	Facility Name	South Ga Medical Center - Berrien Campus
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	208,102
11	payments for services	75,334
12	annual covered charges	208,102
13	annual payments for services	75,334
14		
15	total hospital CCR	41.63%
16		
17	annual cost of services	86,632
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	217,678
23	adjusted Medicaid payments for services	78,800
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	78,800
26	adjusted cost of services	90,618
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	105,147
33		
34	maximum annual payments	105,147
35	facility specific UPL amount	26,347
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(151)
39	allocation of supplemental payments	(7,810)
40	total aggregate limit adjustments	(7,961)
41		
42	UPL amount after aggregate limit adjustments	18,386

Georgia Department of Community Health

	Facility Name	Southeast Ga Health System - Brunswick
2	base period report period beginning date	5/1/2015
3	base period report period ending date	4/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	23,103,888
11	payments for services	7,602,912
12	annual covered charges	23,103,888
13	annual payments for services	7,602,912
14		
15	total hospital CCR	31.79%
16		
17	annual cost of services	7,344,981
18		
19	<u>adjustment factor</u>	
20	inflation	1.04734
21		
22	adjusted annual charges	24,197,626
23	adjusted Medicaid payments for services	7,962,834
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	7,962,834
26	adjusted cost of services	7,692,692
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	10,625,208
33		
34	maximum annual payments	10,625,208
35	facility specific UPL amount	2,662,374
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(15,303)
39	allocation of supplemental payments	(789,187)
40	total aggregate limit adjustments	(804,490)
41		
42	UPL amount after aggregate limit adjustments	1,857,884

Georgia Department of Community Health

	Facility Name	Southeast Ga Health System - Camden
2	base period report period beginning date	5/1/2015
3	base period report period ending date	4/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,922,994
11	payments for services	730,237
12	annual covered charges	1,922,994
13	annual payments for services	730,237
14		
15	total hospital CCR	33.99%
16		
17	annual cost of services	653,562
18		
19	<u>adjustment factor</u>	
20	inflation	1.04734
21		
22	adjusted annual charges	2,014,029
23	adjusted Medicaid payments for services	764,806
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	764,806
26	adjusted cost of services	684,502
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	1,020,519
33		
34	maximum annual payments	1,020,519
35	facility specific UPL amount	255,713
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,470)
39	allocation of supplemental payments	(75,799)
40	total aggregate limit adjustments	(77,269)
41		
42	UPL amount after aggregate limit adjustments	178,444

Georgia Department of Community Health

	Facility Name	Stephens County Hospital
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,793,757
11	payments for services	1,015,896
12	annual covered charges	2,793,757
13	annual payments for services	1,015,896
14		
15	total hospital CCR	39.79%
16		
17	annual cost of services	1,111,609
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	2,922,312
23	adjusted Medicaid payments for services	1,062,642
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,062,642
26	adjusted cost of services	1,162,760
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	1,417,936
33		
34	maximum annual payments	1,417,936
35	facility specific UPL amount	355,294
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(2,042)
39	allocation of supplemental payments	(105,317)
40	total aggregate limit adjustments	(107,359)
41		
42	UPL amount after aggregate limit adjustments	247,935

Georgia Department of Community Health

	Facility Name	Tanner Medical Center/Carrollton
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	20,552,608
11	payments for services	6,315,000
12	annual covered charges	20,552,608
13	annual payments for services	6,315,000
14		
15	total hospital CCR	25.86%
16		
17	annual cost of services	5,315,499
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	21,498,336
23	adjusted Medicaid payments for services	6,605,585
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	6,605,585
26	adjusted cost of services	5,560,092
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	8,814,162
33		
34	maximum annual payments	8,814,162
35	facility specific UPL amount	2,208,577
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(12,695)
39	allocation of supplemental payments	(654,672)
40	total aggregate limit adjustments	(667,367)
41		
42	UPL amount after aggregate limit adjustments	1,541,210

Georgia Department of Community Health

	Facility Name	Tanner Medical Center/Villa Rica
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	16,577,613
11	payments for services	6,708,909
12	annual covered charges	16,577,613
13	annual payments for services	6,708,909
14		
15	total hospital CCR	27.90%
16		
17	annual cost of services	4,625,239
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	17,340,432
23	adjusted Medicaid payments for services	7,017,619
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	7,017,619
26	adjusted cost of services	4,838,069
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	9,363,960
33		
34	maximum annual payments	9,363,960
35	facility specific UPL amount	2,346,341
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(13,487)
39	allocation of supplemental payments	(695,508)
40	total aggregate limit adjustments	(708,995)
41		
42	UPL amount after aggregate limit adjustments	1,637,346

Georgia Department of Community Health

	Facility Name	Tift Regional Medical Center - A Campus of Tift Reg Health System
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	28,112,221
11	payments for services	7,164,561
12	annual covered charges	28,112,221
13	annual payments for services	7,164,561
14		
15	total hospital CCR	20.26%
16		
17	annual cost of services	5,695,259
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	29,405,805
23	adjusted Medicaid payments for services	7,494,238
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	7,494,238
26	adjusted cost of services	5,957,326
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	9,999,936
33		
34	maximum annual payments	9,999,936
35	facility specific UPL amount	2,505,698
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(14,403)
39	allocation of supplemental payments	(742,745)
40	total aggregate limit adjustments	(757,148)
41		
42	UPL amount after aggregate limit adjustments	1,748,550

Georgia Department of Community Health

	Facility Name	Union General Hospital, Inc.
2	base period report period beginning date	5/1/2015
3	base period report period ending date	4/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	568,212
11	payments for services	326,487
12	annual covered charges	568,212
13	annual payments for services	326,487
14		
15	total hospital CCR	38.81%
16		
17	annual cost of services	220,541
18		
19	<u>adjustment factor</u>	
20	inflation	1.04734
21		
22	adjusted annual charges	595,111
23	adjusted Medicaid payments for services	341,943
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	341,943
26	adjusted cost of services	230,981
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	456,272
33		
34	maximum annual payments	456,272
35	facility specific UPL amount	114,329
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(657)
39	allocation of supplemental payments	(33,890)
40	total aggregate limit adjustments	(34,547)
41		
42	UPL amount after aggregate limit adjustments	79,782

Georgia Department of Community Health

	Facility Name	University Hospital
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	48,785,177
11	payments for services	14,259,603
12	annual covered charges	48,785,177
13	annual payments for services	14,259,603
14		
15	total hospital CCR	27.13%
16		
17	annual cost of services	13,233,409
18		
19	<u>adjustment factor</u>	
20	inflation	1.045024
21		
22	adjusted annual charges	50,981,681
23	adjusted Medicaid payments for services	14,901,627
24	supplemental rate adjustment payments	8,244
25	total adjusted Medicaid payments	14,909,871
26	adjusted cost of services	13,829,230
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	19,883,986
33		
34	maximum annual payments	19,883,986
35	facility specific UPL amount	4,974,115
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(28,639)
39	allocation of supplemental payments	(1,468,639)
40	total aggregate limit adjustments	(1,497,278)
41		
42	UPL amount after aggregate limit adjustments	3,476,837

Georgia Department of Community Health

	Facility Name	University Hospital McDuffie
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,043,032
11	payments for services	363,231
12	annual covered charges	1,043,032
13	annual payments for services	363,231
14		
15	total hospital CCR	25.07%
16		
17	annual cost of services	261,452
18		
19	<u>adjustment factor</u>	
20	inflation	1.045024
21		
22	adjusted annual charges	1,089,993
23	adjusted Medicaid payments for services	379,585
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	379,585
26	adjusted cost of services	273,224
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	506,499
33		
34	maximum annual payments	506,499
35	facility specific UPL amount	126,914
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(730)
39	allocation of supplemental payments	(37,620)
40	total aggregate limit adjustments	(38,350)
41		
42	UPL amount after aggregate limit adjustments	88,564

Georgia Department of Community Health

	Facility Name	Upton Regional Medical Center
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	10,400,763
11	payments for services	3,343,649
12	annual covered charges	10,400,763
13	annual payments for services	3,343,649
14		
15	total hospital CCR	21.57%
16		
17	annual cost of services	2,243,726
18		
19	<u>adjustment factor</u>	
20	inflation	1.045024
21		
22	adjusted annual charges	10,869,047
23	adjusted Medicaid payments for services	3,494,193
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	3,494,193
26	adjusted cost of services	2,344,748
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	4,662,476
33		
34	maximum annual payments	4,662,476
35	facility specific UPL amount	1,168,283
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(6,715)
39	allocation of supplemental payments	(346,305)
40	total aggregate limit adjustments	(353,020)
41		
42	UPL amount after aggregate limit adjustments	815,263

Georgia Department of Community Health

	Facility Name	Washington County Regional Medical Center
2	base period report period beginning date	9/1/2015
3	base period report period ending date	8/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	344,649
11	payments for services	228,591
12	annual covered charges	344,649
13	annual payments for services	228,591
14		
15	total hospital CCR	50.34%
16		
17	annual cost of services	173,509
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	360,508
23	adjusted Medicaid payments for services	239,110
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	239,110
26	adjusted cost of services	181,493
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	319,056
33		
34	maximum annual payments	319,056
35	facility specific UPL amount	79,946
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(460)
39	allocation of supplemental payments	(23,698)
40	total aggregate limit adjustments	(24,158)
41		
42	UPL amount after aggregate limit adjustments	55,788

Georgia Department of Community Health

	Facility Name	Wayne Memorial Hospital
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	5,572,028
11	payments for services	1,829,361
12	annual covered charges	5,572,028
13	annual payments for services	1,829,361
14		
15	total hospital CCR	29.43%
16		
17	annual cost of services	1,639,987
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	5,828,425
23	adjusted Medicaid payments for services	1,913,539
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	1,913,539
26	adjusted cost of services	1,715,451
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	2,553,331
33		
34	maximum annual payments	2,553,331
35	facility specific UPL amount	639,792
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,678)
39	allocation of supplemental payments	(189,649)
40	total aggregate limit adjustments	(193,327)
41		
42	UPL amount after aggregate limit adjustments	446,465

Georgia Department of Community Health

	Facility Name	Wellstar Cobb Hospital
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	82,323,886
11	payments for services	16,268,689
12	annual covered charges	82,323,886
13	annual payments for services	16,268,689
14		
15	total hospital CCR	20.14%
16		
17	annual cost of services	16,582,379
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	86,112,020
23	adjusted Medicaid payments for services	17,017,293
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	17,017,293
26	adjusted cost of services	17,345,417
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	22,707,025
33		
34	maximum annual payments	22,707,025
35	facility specific UPL amount	5,689,732
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(32,705)
39	allocation of supplemental payments	(1,686,564)
40	total aggregate limit adjustments	(1,719,269)
41		
42	UPL amount after aggregate limit adjustments	3,970,463

Georgia Department of Community Health

	Facility Name	Wellstar Douglas Hospital
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	22,969,304
11	payments for services	5,103,891
12	annual covered charges	22,969,304
13	annual payments for services	5,103,891
14		
15	total hospital CCR	17.94%
16		
17	annual cost of services	4,120,734
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	24,026,237
23	adjusted Medicaid payments for services	5,338,747
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	5,338,747
26	adjusted cost of services	4,310,350
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	7,123,757
33		
34	maximum annual payments	7,123,757
35	facility specific UPL amount	1,785,010
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(10,260)
39	allocation of supplemental payments	(529,117)
40	total aggregate limit adjustments	(539,377)
41		
42	UPL amount after aggregate limit adjustments	1,245,633

Georgia Department of Community Health

	Facility Name	Wellstar Kennestone Hospital
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	127,824,955
11	payments for services	23,874,599
12	annual covered charges	127,824,955
13	annual payments for services	23,874,599
14		
15	total hospital CCR	18.87%
16		
17	annual cost of services	24,124,971
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	133,706,820
23	adjusted Medicaid payments for services	24,973,189
24	supplemental rate adjustment payments	526,159
25	total adjusted Medicaid payments	25,499,348
26	adjusted cost of services	25,235,082
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	33,322,975
33		
34	maximum annual payments	33,322,975
35	facility specific UPL amount	7,823,627
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(47,995)
39	allocation of supplemental payments	(1,948,904)
40	total aggregate limit adjustments	(1,996,899)
41		
42	UPL amount after aggregate limit adjustments	5,826,728

Georgia Department of Community Health

	Facility Name	Wellstar Paulding Hospital
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	9,688,898
11	payments for services	2,175,506
12	annual covered charges	9,688,898
13	annual payments for services	2,175,506
14		
15	total hospital CCR	19.38%
16		
17	annual cost of services	1,878,110
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	10,134,733
23	adjusted Medicaid payments for services	2,275,612
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	2,275,612
26	adjusted cost of services	1,964,531
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	3,036,463
33		
34	maximum annual payments	3,036,463
35	facility specific UPL amount	760,851
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(4,373)
39	allocation of supplemental payments	(225,533)
40	total aggregate limit adjustments	(229,906)
41		
42	UPL amount after aggregate limit adjustments	530,945

Georgia Department of Community Health

	Facility Name	Wellstar West Georgia Medical Center
2	base period report period beginning date	10/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1.34
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	8,872,389
11	payments for services	3,309,624
12	annual covered charges	11,889,001
13	annual payments for services	4,434,896
14		
15	total hospital CCR	30.09%
16		
17	annual cost of services	3,577,917
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	12,436,073
23	adjusted Medicaid payments for services	4,638,968
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	4,638,968
26	adjusted cost of services	3,742,555
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	DRG differential
31	DRG differential adjustment rate	1.33435
32	maximum annual payments (at DRG differential)	6,190,007
33		
34	maximum annual payments	6,190,007
35	facility specific UPL amount	1,551,039
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(8,915)
39	allocation of supplemental payments	(459,763)
40	total aggregate limit adjustments	(468,678)
41		
42	UPL amount after aggregate limit adjustments	1,082,361

Georgia Department of Community Health

	Facility Name	Wellstar Windy Hill Hospital
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	0
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,943,853
11	payments for services	438,589
12	annual covered charges	2,943,853
13	annual payments for services	438,589
14		
15	total hospital CCR	23.29%
16		
17	annual cost of services	685,606
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	3,079,314
23	adjusted Medicaid payments for services	458,771
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	458,771
26	adjusted cost of services	717,154
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	717,154
35	facility specific UPL amount	258,383
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,485)
39	allocation of supplemental payments	(76,591)
40	total aggregate limit adjustments	(78,076)
41		
42	UPL amount after aggregate limit adjustments	180,307

Georgia Department of Community Health

	Facility Name	Bacon County Hospital and Health System
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	2,221,912
11	payments for services	721,662
12	annual covered charges	2,221,912
13	annual payments for services	721,662
14		
15	total hospital CCR	46.95%
16		
17	annual cost of services	1,043,198
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	2,324,153
23	adjusted Medicaid payments for services	754,869
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	754,869
26	adjusted cost of services	1,091,201
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	1,091,201
35	facility specific UPL amount	336,332
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,933)
39	allocation of supplemental payments	(99,696)
40	total aggregate limit adjustments	(101,629)
41		
42	UPL amount after aggregate limit adjustments	234,703

Georgia Department of Community Health

	Facility Name	Bleckley Memorial Hospital
2	base period report period beginning date	4/1/2015
3	base period report period ending date	3/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	147,247
11	payments for services	105,895
12	annual covered charges	147,247
13	annual payments for services	105,895
14		
15	total hospital CCR	63.05%
16		
17	annual cost of services	92,835
18		
19	<u>adjustment factor</u>	
20	inflation	1.048004
21		
22	adjusted annual charges	154,315
23	adjusted Medicaid payments for services	110,978
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	110,978
26	adjusted cost of services	97,291
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	97,291
35	facility specific UPL amount	(13,687)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	13,687
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	13,687
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health

	Facility Name	Brooks County Hospital
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	108,495
11	payments for services	53,583
12	annual covered charges	108,495
13	annual payments for services	53,583
14		
15	total hospital CCR	41.17%
16		
17	annual cost of services	44,669
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	113,487
23	adjusted Medicaid payments for services	56,049
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	56,049
26	adjusted cost of services	46,724
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	46,724
35	facility specific UPL amount	(9,325)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	9,325
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	9,325
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health

	Facility Name	Candler County Hospital
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,675,230
11	payments for services	485,451
12	annual covered charges	1,675,230
13	annual payments for services	485,451
14		
15	total hospital CCR	25.72%
16		
17	annual cost of services	430,793
18		
19	<u>adjustment factor</u>	
20	inflation	1.045024
21		
22	adjusted annual charges	1,750,656
23	adjusted Medicaid payments for services	507,308
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	507,308
26	adjusted cost of services	450,189
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	450,189
35	facility specific UPL amount	(57,119)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	57,119
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	57,119
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health

	Facility Name	Chatuge Regional Hospital, Inc.
2	base period report period beginning date	5/1/2015
3	base period report period ending date	4/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	95,091
11	payments for services	57,799
12	annual covered charges	95,091
13	annual payments for services	57,799
14		
15	total hospital CCR	73.63%
16		
17	annual cost of services	70,013
18		
19	<u>adjustment factor</u>	
20	inflation	1.04734
21		
22	adjusted annual charges	99,593
23	adjusted Medicaid payments for services	60,535
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	60,535
26	adjusted cost of services	73,327
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	73,327
35	facility specific UPL amount	12,792
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(74)
39	allocation of supplemental payments	(3,792)
40	total aggregate limit adjustments	(3,866)
41		
42	UPL amount after aggregate limit adjustments	8,926

Georgia Department of Community Health

	Facility Name	Clinch Memorial Hospital
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	167,329
11	payments for services	91,012
12	annual covered charges	167,329
13	annual payments for services	91,012
14		
15	total hospital CCR	88.81%
16		
17	annual cost of services	148,597
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	175,029
23	adjusted Medicaid payments for services	95,200
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	95,200
26	adjusted cost of services	155,435
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	155,435
35	facility specific UPL amount	60,235
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(346)
39	allocation of supplemental payments	(17,855)
40	total aggregate limit adjustments	(18,201)
41		
42	UPL amount after aggregate limit adjustments	42,034

Georgia Department of Community Health

	Facility Name	Effingham Health System
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	336,075
11	payments for services	116,498
12	annual covered charges	336,075
13	annual payments for services	116,498
14		
15	total hospital CCR	38.37%
16		
17	annual cost of services	128,939
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	351,539
23	adjusted Medicaid payments for services	121,859
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	121,859
26	adjusted cost of services	134,872
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	134,872
35	facility specific UPL amount	13,013
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(75)
39	allocation of supplemental payments	(3,857)
40	total aggregate limit adjustments	(3,932)
41		
42	UPL amount after aggregate limit adjustments	9,081

Georgia Department of Community Health

	Facility Name	Floyd Polk Medical Center
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	116,183
11	payments for services	21,494
12	annual covered charges	116,183
13	annual payments for services	21,494
14		
15	total hospital CCR	26.10%
16		
17	annual cost of services	30,323
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	121,529
23	adjusted Medicaid payments for services	22,483
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	22,483
26	adjusted cost of services	31,718
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	31,718
35	facility specific UPL amount	9,235
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(53)
39	allocation of supplemental payments	(2,737)
40	total aggregate limit adjustments	(2,790)
41		
42	UPL amount after aggregate limit adjustments	6,445

Georgia Department of Community Health

	Facility Name	Higgins General Hospital
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	632,213
11	payments for services	293,464
12	annual covered charges	632,213
13	annual payments for services	293,464
14		
15	total hospital CCR	31.50%
16		
17	annual cost of services	199,158
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	661,304
23	adjusted Medicaid payments for services	306,968
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	306,968
26	adjusted cost of services	208,322
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	208,322
35	facility specific UPL amount	(98,646)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	98,646
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	98,646
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health

	Facility Name	Jasper Memorial Hospital
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	18,414
11	payments for services	10,350
12	annual covered charges	18,414
13	annual payments for services	10,350
14		
15	total hospital CCR	113.32%
16		
17	annual cost of services	20,866
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	19,261
23	adjusted Medicaid payments for services	10,826
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	10,826
26	adjusted cost of services	21,826
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	21,826
35	facility specific UPL amount	11,000
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(63)
39	allocation of supplemental payments	(3,261)
40	total aggregate limit adjustments	(3,324)
41		
42	UPL amount after aggregate limit adjustments	7,676

Georgia Department of Community Health

	Facility Name	Jeff Davis Hospital
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	566,264
11	payments for services	250,395
12	annual covered charges	566,264
13	annual payments for services	250,395
14		
15	total hospital CCR	37.86%
16		
17	annual cost of services	214,379
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	592,321
23	adjusted Medicaid payments for services	261,917
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	261,917
26	adjusted cost of services	224,244
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	224,244
35	facility specific UPL amount	(37,673)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	37,673
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	37,673
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health

	Facility Name	Liberty Regional Medical Center
2	base period report period beginning date	12/1/2015
3	base period report period ending date	11/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,521,962
11	payments for services	476,589
12	annual covered charges	1,521,962
13	annual payments for services	476,589
14		
15	total hospital CCR	32.19%
16		
17	annual cost of services	489,933
18		
19	<u>adjustment factor</u>	
20	inflation	1.045354
21		
22	adjusted annual charges	1,590,989
23	adjusted Medicaid payments for services	498,204
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	498,204
26	adjusted cost of services	512,153
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	512,153
35	facility specific UPL amount	13,949
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(80)
39	allocation of supplemental payments	(4,135)
40	total aggregate limit adjustments	(4,215)
41		
42	UPL amount after aggregate limit adjustments	9,734

Georgia Department of Community Health

	Facility Name	Medical Center of Peach County, Navicent Health
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	535,858
11	payments for services	301,994
12	annual covered charges	535,858
13	annual payments for services	301,994
14		
15	total hospital CCR	32.49%
16		
17	annual cost of services	174,080
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	560,516
23	adjusted Medicaid payments for services	315,890
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	315,890
26	adjusted cost of services	182,090
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	182,090
35	facility specific UPL amount	(133,800)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	133,800
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	133,800
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health

	Facility Name	Miller County Hospital
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	1,424,749
11	payments for services	628,206
12	annual covered charges	1,424,749
13	annual payments for services	628,206
14		
15	total hospital CCR	81.62%
16		
17	annual cost of services	1,162,914
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	1,490,309
23	adjusted Medicaid payments for services	657,113
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	657,113
26	adjusted cost of services	1,216,425
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	1,216,425
35	facility specific UPL amount	559,312
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(3,215)
39	allocation of supplemental payments	(165,793)
40	total aggregate limit adjustments	(169,008)
41		
42	UPL amount after aggregate limit adjustments	390,304

Georgia Department of Community Health

	Facility Name	Mitchell County Hospital
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	53,003
11	payments for services	32,162
12	annual covered charges	53,003
13	annual payments for services	32,162
14		
15	total hospital CCR	70.94%
16		
17	annual cost of services	37,602
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	55,442
23	adjusted Medicaid payments for services	33,642
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	33,642
26	adjusted cost of services	39,332
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	39,332
35	facility specific UPL amount	5,690
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(33)
39	allocation of supplemental payments	(1,687)
40	total aggregate limit adjustments	(1,720)
41		
42	UPL amount after aggregate limit adjustments	3,970

Georgia Department of Community Health

	Facility Name	Monroe County Hospital
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	159,986
11	payments for services	74,860
12	annual covered charges	159,986
13	annual payments for services	74,860
14		
15	total hospital CCR	51.01%
16		
17	annual cost of services	81,612
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	167,348
23	adjusted Medicaid payments for services	78,305
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	78,305
26	adjusted cost of services	85,367
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	85,367
35	facility specific UPL amount	7,062
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(41)
39	allocation of supplemental payments	(2,093)
40	total aggregate limit adjustments	(2,134)
41		
42	UPL amount after aggregate limit adjustments	4,928

Georgia Department of Community Health

	Facility Name	Morgan Memorial Hospital
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	32,530
11	payments for services	16,557
12	annual covered charges	32,530
13	annual payments for services	16,557
14		
15	total hospital CCR	56.27%
16		
17	annual cost of services	18,303
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	34,027
23	adjusted Medicaid payments for services	17,319
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	17,319
26	adjusted cost of services	19,145
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	19,145
35	facility specific UPL amount	1,826
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(10)
39	allocation of supplemental payments	(541)
40	total aggregate limit adjustments	(551)
41		
42	UPL amount after aggregate limit adjustments	1,275

Georgia Department of Community Health

	Facility Name	Pioneer Community Hospital of Early
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	379,326
11	payments for services	175,958
12	annual covered charges	379,326
13	annual payments for services	175,958
14		
15	total hospital CCR	98.97%
16		
17	annual cost of services	375,431
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	396,781
23	adjusted Medicaid payments for services	184,055
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	184,055
26	adjusted cost of services	392,706
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	392,706
35	facility specific UPL amount	208,651
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(1,199)
39	allocation of supplemental payments	(61,849)
40	total aggregate limit adjustments	(63,048)
41		
42	UPL amount after aggregate limit adjustments	145,603

Georgia Department of Community Health

	Facility Name	Putnam General Hospital
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	376,157
11	payments for services	207,810
12	annual covered charges	376,157
13	annual payments for services	207,810
14		
15	total hospital CCR	54.71%
16		
17	annual cost of services	205,811
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	393,466
23	adjusted Medicaid payments for services	217,372
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	217,372
26	adjusted cost of services	215,281
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	215,281
35	facility specific UPL amount	(2,091)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	2,091
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	2,091
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health

	Facility Name	South Ga Medical Center - Lanier Campus
2	base period report period beginning date	10/1/2015
3	base period report period ending date	9/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	109,190
11	payments for services	50,078
12	annual covered charges	109,190
13	annual payments for services	50,078
14		
15	total hospital CCR	91.56%
16		
17	annual cost of services	99,973
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	114,214
23	adjusted Medicaid payments for services	52,382
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	52,382
26	adjusted cost of services	104,573
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	104,573
35	facility specific UPL amount	52,191
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(300)
39	allocation of supplemental payments	(15,471)
40	total aggregate limit adjustments	(15,771)
41		
42	UPL amount after aggregate limit adjustments	36,420

Georgia Department of Community Health

	Facility Name	Southwest Ga Regional Medical Center
2	base period report period beginning date	8/1/2015
3	base period report period ending date	7/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	278,666
11	payments for services	124,738
12	annual covered charges	278,666
13	annual payments for services	124,738
14		
15	total hospital CCR	80.21%
16		
17	annual cost of services	223,512
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	291,489
23	adjusted Medicaid payments for services	130,478
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	130,478
26	adjusted cost of services	233,797
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	233,797
35	facility specific UPL amount	103,319
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(594)
39	allocation of supplemental payments	(30,626)
40	total aggregate limit adjustments	(31,220)
41		
42	UPL amount after aggregate limit adjustments	72,099

Georgia Department of Community Health

	Facility Name	Warm Springs Medical Center
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	179,298
11	payments for services	105,284
12	annual covered charges	179,298
13	annual payments for services	105,284
14		
15	total hospital CCR	69.04%
16		
17	annual cost of services	123,781
18		
19	<u>adjustment factor</u>	
20	inflation	1.045024
21		
22	adjusted annual charges	187,371
23	adjusted Medicaid payments for services	110,024
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	110,024
26	adjusted cost of services	129,354
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	129,354
35	facility specific UPL amount	19,330
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(111)
39	allocation of supplemental payments	(5,730)
40	total aggregate limit adjustments	(5,841)
41		
42	UPL amount after aggregate limit adjustments	13,489

Georgia Department of Community Health

	Facility Name	Wellstar Sylvan Grove Hospital
2	base period report period beginning date	1/1/2016
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	2.01
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	89,351
11	payments for services	20,799
12	annual covered charges	179,596
13	annual payments for services	41,805
14		
15	total hospital CCR	20.92%
16		
17	annual cost of services	37,572
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	187,860
23	adjusted Medicaid payments for services	43,729
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	43,729
26	adjusted cost of services	39,301
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	39,301
35	facility specific UPL amount	(4,428)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	4,428
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	4,428
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health

	Facility Name	Wills Memorial Hospital
2	base period report period beginning date	5/1/2015
3	base period report period ending date	4/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	319,503
11	payments for services	181,644
12	annual covered charges	319,503
13	annual payments for services	181,644
14		
15	total hospital CCR	64.51%
16		
17	annual cost of services	206,097
18		
19	<u>adjustment factor</u>	
20	inflation	1.04734
21		
22	adjusted annual charges	334,628
23	adjusted Medicaid payments for services	190,243
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	190,243
26	adjusted cost of services	215,854
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Non-State Govt.
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	215,854
35	facility specific UPL amount	25,611
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(147)
39	allocation of supplemental payments	(7,592)
40	total aggregate limit adjustments	(7,739)
41		
42	UPL amount after aggregate limit adjustments	17,872

Georgia Department of Community Health

	Facility Name	Mountain Lakes Medical Center
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	352,412
11	payments for services	136,875
12	annual covered charges	352,412
13	annual payments for services	136,875
14		
15	total hospital CCR	28.54%
16		
17	annual cost of services	100,585
18		
19	<u>adjustment factor</u>	
20	inflation	1.045024
21		
22	adjusted annual charges	368,279
23	adjusted Medicaid payments for services	143,038
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	143,038
26	adjusted cost of services	105,114
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	105,114
35	facility specific UPL amount	(37,924)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	37,924
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	37,924
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health

	Facility Name	Optim Medical Center - Jenkins
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	133,965
11	payments for services	83,678
12	annual covered charges	133,965
13	annual payments for services	83,678
14		
15	total hospital CCR	40.89%
16		
17	annual cost of services	54,781
18		
19	<u>adjustment factor</u>	
20	inflation	1.045024
21		
22	adjusted annual charges	139,997
23	adjusted Medicaid payments for services	87,446
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	87,446
26	adjusted cost of services	57,247
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	57,247
35	facility specific UPL amount	(30,199)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	30,199
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	30,199
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health

	Facility Name	Optim Medical Center - Screven
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	164,904
11	payments for services	104,657
12	annual covered charges	164,904
13	annual payments for services	104,657
14		
15	total hospital CCR	52.51%
16		
17	annual cost of services	86,591
18		
19	<u>adjustment factor</u>	
20	inflation	1.045024
21		
22	adjusted annual charges	172,329
23	adjusted Medicaid payments for services	109,369
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	109,369
26	adjusted cost of services	90,490
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	90,490
35	facility specific UPL amount	(18,879)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	18,879
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	18,879
41		
42	UPL amount after aggregate limit adjustments	0

Georgia Department of Community Health

	Facility Name	Optim Medical Center - Tattnall
2	base period report period beginning date	1/1/2016
3	base period report period ending date	12/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	3,991,491
11	payments for services	316,160
12	annual covered charges	3,991,491
13	annual payments for services	316,160
14		
15	total hospital CCR	11.22%
16		
17	annual cost of services	447,918
18		
19	<u>adjustment factor</u>	
20	inflation	1.045024
21		
22	adjusted annual charges	4,171,204
23	adjusted Medicaid payments for services	330,395
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	330,395
26	adjusted cost of services	468,085
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	468,085
35	facility specific UPL amount	137,690
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(12,413)
39	allocation of supplemental payments	(53,745)
40	total aggregate limit adjustments	(66,158)
41		
42	UPL amount after aggregate limit adjustments	71,532

Georgia Department of Community Health

	Facility Name	Phoebe Worth Medical Center
2	base period report period beginning date	8/1/2015
3	base period report period ending date	7/31/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	60,603
11	payments for services	31,056
12	annual covered charges	60,603
13	annual payments for services	31,056
14		
15	total hospital CCR	61.57%
16		
17	annual cost of services	37,316
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	63,392
23	adjusted Medicaid payments for services	32,485
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	32,485
26	adjusted cost of services	39,033
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	39,033
35	facility specific UPL amount	6,548
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	(590)
39	allocation of supplemental payments	(2,556)
40	total aggregate limit adjustments	(3,146)
41		
42	UPL amount after aggregate limit adjustments	3,402

Georgia Department of Community Health

	Facility Name	St. Mary's Good Samaritan Hospital
2	base period report period beginning date	7/1/2015
3	base period report period ending date	6/30/2016
4		
5	adjustment factor (if period not equal to 1 year)	1
6		
7	CAH status (1 = yes)	1
8		
9	<u>Medicaid inpatient claims paid at amount > 0:</u>	
10	covered charges	571,149
11	payments for services	198,268
12	annual covered charges	571,149
13	annual payments for services	198,268
14		
15	total hospital CCR	31.54%
16		
17	annual cost of services	180,136
18		
19	<u>adjustment factor</u>	
20	inflation	1.046015
21		
22	adjusted annual charges	597,430
23	adjusted Medicaid payments for services	207,391
24	supplemental rate adjustment payments	0
25	total adjusted Medicaid payments	207,391
26	adjusted cost of services	188,425
27		
28	<u>other UPL calculation data</u>	
29	provider category for UPL calculation	Private
30	basis for UPL calculation	cost
31	DRG differential adjustment rate	0
32	maximum annual payments (at DRG differential)	0
33		
34	maximum annual payments	188,425
35	facility specific UPL amount	(18,966)
36		
37	<u>aggregate limit adjustments</u>	
38	allocation of UPL amounts < 0	18,966
39	allocation of supplemental payments	0
40	total aggregate limit adjustments	18,966
41		
42	UPL amount after aggregate limit adjustments	0